

## **Testimony before the Appropriations Committee**

In Opposition to an Act Implementing the Governor's Proposed Budget Recommendations for  
Mental Health and Addiction Services (DMHAS)

**Phoebe Hamilton of Rocky Hill, CT**

February 23, 2017

Good evening **Senators Osten and Formica, Representatives Walker**, and members of the Appropriations Committee.

My name is Phoebe Hamilton and I am a registered voter in the town of Rocky Hill.

I am here to testify on **HB 7027, An Act Concerning the Governor's Budget Recommendations**.

It is fiscally foolish and irresponsible to blind the eyes which monitor the CT mental health system. The Mental Health Boards are the Watchdogs of our services. Through their recruitment of diverse council membership, DMHAS is able to hear the voices and concerns of; mental health providers, family members with children & adults with mental illness as well as town appointed Human Service workers who experience firsthand outcomes of horrific circumstances where a person has committed suicide. The CT DMHAS would no longer receive information from any of these important voices if Boards were eliminated. Our state, especially having made history in a small town which saw many children die should know better and act responsibly. Why fund millions after lost lives are lost to patch up outcomes which might have been avoided if thoughtful budgets were structured in treating, educating and guiding. *Thin budgets = thin, overworked staff=poor, sometimes deadly outcomes.*

**Mental Health Boards use a system of councils and evaluations of services throughout the state.** A diverse council is strived for in representing all parties for most objective information. Evaluations of state and non-profit orgs take place providing CT's Dept of Mental Health & Addiction Svs a snapshot of how healthy or unhealthy its mental health services are doing. By recruiting from: family members, adults with mental illness, professional Human Service staff and State & Nonprofit mental healthcare staff, DMHAS has a clear report of what its mental health system is in need of within the structures of the Board Catchment Area Councils (CACs). Its inconceivable that blinding monitors and evaluators of services is being considered in these times of economic downfall, loss of jobs, destabilization of families.

*In addition to unfunding Mental Health Boards, unfunding legal advocates which help people get or keep services through their advocacy for: housing, patient services, education on laws and bills which support and crush their services is WRONG. Cuts to any medical services*

supporting wellness : in-patient, out-patient and supportive or supported housing. You cant get well without supervised care, a safe home or proper access to assist you in your life not only in crisis but in maintaining wellness to allow for moving further in your rehabilitation and final reintegration to community.

**I am a person today in recovery. I have days tho when I am not, its never a linear process.** I can share that it takes a community of healthcare providers, friends and creative & vocational outlets to help me maintain my recovery. Mental illness for me first appeared as a young adult in 1986. Twice that Summer I ended up in the ER, psychotic, sleep deprived and not knowing what was happening. I had lived a difficult life. I left home as a teen to escape regular trauma but was ill prepared to navigate the world of mature adults. I encountered all sorts of experiences which worsened my life and belief in the goodness of people.

***I give credit to our system of mental healthcare services for my ability to thrive, balance, work and relate to others*** .The Reagan era was an abundant one, with funding for many wonderful therapeutic activities: art, dance, psychodrama, etc. Plenty of staff, unlimited stays In-Patient and Out-Patient, insurance driven time mandates weren't employed. I used all services with enthusiasm and appreciation. Thanks to the Art Therapist Lynn, I went off to college late in life and sought a Graphic Art Degree. I had been on entitlements for years afraid to make a move off as I avg'd an inpatient stay every 2 yrs. Coming from divorced, teenaged parents, we experienced our share of poverty, trauma and addicted father figures. Not everyone is born to healthy, mature families. This is at the heart of many traumatized, mentally ill young adults coming into the system. Many families behave in an extreme way/addicted way neglecting, bankrupting, blaming, arguing and abandoning. It is not simply a matter of substance use, it is behavior.

**With each passing decade, money is stretched or eliminated from mental healthcare services** yet patients grow in numbers. Gone are the creative therapists as had helped me express myself. Medical service costs are increasing and insurance companies are limiting time spent receiving services so a revolving door occurs for sick adults who arent well after a one week inpatient stay return. Access to services is slowed; blockages and barriers exist. Social and Vocational Depts have merged. Baby Boomers from old State Hospitals still need a place to feel safe, accepted and befriended. They do not need a welding program to find a job. They need a conversation...a smile. A warm, welcoming, inclusive environment.

***Thank you for listening to my testimony and considering all I have shared. I hope it helps you in making thoughtful and courageous decisions.***